



State of California—Health and Human Services Agency Department of Health Services



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Fact Sheet Severe Acute Respiratory Syndrome (SARS)

Q: What is SARS?

SARS stands for **Severe Acute Respiratory Syndrome**. It is a viral respiratory illness that first emerged in the Guangdong Province of China in November 2002. It was not until cases were reported from Hong Kong and Vietnam in March 2003 that this new disease, and its global spread, was recognized. Owing to major global infection control efforts, the disease was contained by July 2003. Before its containment, SARS had spread to 29 countries and resulted in over 8000 cases and 700 deaths. The final report from the Centers for Disease Control and Prevention (CDC) indicated there were 164 probable and suspect cases in the United States of which 8 had laboratory evidence of SARS. Two of these 8 cases were reported from California. There were no deaths in the United States.

Q: What are the signs and symptoms of SARS?

The illness usually begins with a fever over 100.4°F (>38.0°C). The fever is sometimes associated with chills or other symptoms including headache, general feelings of discomfort, and body aches. Some people also experience mild respiratory symptoms at the early stages of their illness.

After 2 to 7 days, people with SARS tend to develop a dry, nonproductive cough that could progress to difficulty breathing or shortness of breath. Symptoms of upper respiratory infection such as a runny nose or sore throat rarely accompany SARS. Most people with SARS develop pneumonia within 7 to 10 days.

Q: What is the cause of SARS?

SARS is caused by a previously unknown coronavirus now called SARS-associated coronavirus (SARS-CoV). The virus is a member of the Coronaviridae family, which also includes some of the viruses that cause the common cold. Coronaviruses have been found in many different animal species including birds and mammals. SARS-CoV is thought to have been introduced to humans from animals in Southern China.

Q: How is SARS spread?

SARS is primarily spread by close contact between people. "Close contact" is defined as having cared for, having lived with, or having direct contact with the respiratory secretions and/or body fluids of a person with SARS. Examples of direct contact include kissing or embracing, sharing eating or drinking utensils, close conversations (within 3 feet), physical examination, and any other direct physical contact between people. Close contact does **not** include activities such as walking past a person or sitting across a waiting room or office for a brief time.

Public health experts think SARS is most easily spread by respiratory droplets (droplet spread) when an infected person coughs or sneezes. Droplets are propelled a short distance (generally up to 3 feet) through the air and can be deposited on the mucous membranes of the mouth, nose, or eyes of persons nearby. The virus can also spread when a person touches a surface or object recently contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that SARS-CoV might be spread more broadly through the air (airborne spread) or by other ways that are not currently known. Studies have shown that the SARS virus may survive in the environment for several days.

Q: If someone is exposed to SARS, how long does it take to become sick?

The incubation period for SARS is typically 2 to 7 days.

Because the incubation period could be as long as 10 days, anyone who has traveled to a high-risk area or was exposed to a SARS patient should monitor themselves for signs of illness (fever over 100.4°F [>38.0°C] and respiratory symptoms) for ten days upon return or after the last exposure.

Q: How long is a person with SARS contagious to others?

People with SARS do not transmit the virus until they have symptoms such as fever or cough. SARS patients appear to be most contagious during the second week of illness. However, because much is still unknown about the infectiousness of SARS-CoV, CDC recommends that people with SARS limit their interactions outside the home until 10 days after their last fever, provided their respiratory symptoms have improved.

Q: How can I protect myself against SARS?

There is no vaccine currently available for SARS nor are there drugs proven to be effective against SARS. The best way to prevent SARS is to avoid close contact with sick people who have recently returned from an area where SARS is or has been present, and to avoid close contact with people known or thought to have SARS. Other ways to reduce your risk of SARS and other respiratory illnesses is frequent hand washing with soap and water or alcohol-based hand gels. In addition, you should avoid contact with your eyes, nose, and mouth with unclean hands and encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Q: How is SARS diagnosed?

If a doctor suspects SARS, there are several laboratory tests that can be done on various specimens to detect the virus. These specimens include blood, tissue, swabs from nose and/or throat, and sputa (phlegm). Some people might be asked to return to the doctor at least 28 days after their symptoms first started so the doctor can collect blood for additional tests to determine if a person had developed evidence of antibodies against the SARS virus.

Q: What should I do if I think I have SARS?

While there are presently no documented cases of SARS anywhere in the world and it is unlikely that the first case will appear in the United States, if you are ill with a fever greater than 100.4°F (>38.0°C) and have also developed a cough or difficulty breathing, you should consult with a health care provider. To help your health care provider make a diagnosis, tell him/her about any recent travel to Asia and whether you have recently been in close contact someone who has pneumonia and/or has traveled to Asia.

Q: If SARS occurs again, will it be safe to travel to areas affected by SARS?

Because SARS was contained in July 2003 and there have been no new cases since then, there are currently no travel restrictions related to SARS. If SARS returns, updates on SARS, including travel advisories, will be found on the World Health Organization website at <http://www.who.int/csr/sars/en/> and on the Centers for Disease Control and Prevention website at www.cdc.gov/ncidod/sars/travel.htm.

Q: What is the California Department of Health Services (CDHS) doing about SARS?

CDHS works closely with the 61 local public health jurisdictions in California to control diseases using public health surveillance, epidemiology, and laboratory science. Our recent state wide efforts in preparing for bioterrorist threats have enhanced our ability to respond to emerging diseases such as SARS.

Identifying cases of SARS early will prevent its spread to hospital staff and other patients. CDHS is working in partnership with CDC, local health departments, and health care providers to ensure that people with consistent symptoms and risk factors are identified, reported, and managed to prevent transmission to others. Should the need arise, we will also work closely with the media to keep the people of California informed.

Q: Where can I get more information about SARS?

There are several websites that provide up-to-date information on SARS. These include the Center for Disease Control and Prevention website at <http://www.cdc.gov/ncidod/sars/>, the World Health Organization website at <http://www.who.int/csr/sars/en/index.html>, and the California Department of Health Services website at <http://www.dhs.ca.gov/ps/dcdc/disb/sars.htm>.

